



VacTrAK Support
3601 C Street – Suite 540
Anchorage Alaska 99503
Tel 907.269.0312 / 866.702.8725
Fax 907.562.7802

Authorization to Add Additional Users

Please print the full name of all additional staff members in your facility that will access VacTrAK and mark the desired privileges described below. Please enter a middle initial to help us create unique usernames.

- **View Privilege** – User can only view records, cannot modify or add records
- **Edit Privilege** – User can add, change, or modify records

First Name	M. Initial	Last Name	Privilege
			<input type="checkbox"/> View <input type="checkbox"/> Edit
			<input type="checkbox"/> View <input type="checkbox"/> Edit
			<input type="checkbox"/> View <input type="checkbox"/> Edit
			<input type="checkbox"/> View <input type="checkbox"/> Edit
			<input type="checkbox"/> View <input type="checkbox"/> Edit
			<input type="checkbox"/> View <input type="checkbox"/> Edit
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			<input type="checkbox"/> View <input type="checkbox"/> Edit
			<input type="checkbox"/> View <input type="checkbox"/> Edit
			<input type="checkbox"/> View <input type="checkbox"/> Edit

(Use multiple forms for additional names)

I have read the security agreement and I understand that I am responsible for the actions of the staff listed above. I am authorized to accept this responsibility on behalf of my health care facility or organization.

Facility Name

Facility Administrator for VacTrAK (please print)

Telephone Number

Facility Administrator for VacTrAK (signature)

Date

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